

CONVERSION TO HYSTERECTOMY DURING ORGAN-PRESERVING OPERATION FOR UTERINE FIBROIDS

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Introduction: Uterine fibroids are the most common benign tumors in the female reproductive tract during the reproductive period. Among the options of the treatment spectrum, myomectomy is always considered one of the best choices in the management of women with symptomatic uterine fibroids who wish to preserve future fertility. The risk factors for conversion to subtotal hysterectomy during organ-preserving operations are under evaluation.

The aim: The goal of this study was to demonstrate a retrospective review of incidence and indications to conversion to hysterectomy during organ-preserving operation for uterine myomas.

Materials and methods: 341 patients were subjected to organ-preserving operations for uterine myomas from 1994 to 2011. The mean age was 33.2 ± 0.3 (it ranged from 17 to 53 years). The myoma size was 11.5 ± 0.2 (from 4 to 24 weeks). Indications for surgical treatment represented: metrorrhagies 31,8% (n=109), pain 32,9% (n=112), progressive myoma growth 19,7% (n=67). Sterility 12,6% (n=43), preparing to IVF 0,9% (n=3).

Results: The number of enucleated fibroids ranged from 1 to 26 (mean 2.6 ± 0.2). Conversion to subtotal hysterectomy was done in 3 cases (0,9%), because of diffuse leiomyomatosis. There was no conversion because of surgical techniques.

Conclusions: This study demonstrates that diffuse leiomyomatosis is the main indication for subtotal hysterectomy during organ-preserving operations for uterine fibroids.

Key words: uterine fibroids, leiomyomatosis.

PRENATAL RUPTURE OF MEMBRANES. PERINATAL OUTCOMES, ETIOLOGICAL FACTORS, MODERN METHODS

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Introduction: Prenatal rupture of membranes is currently the most common disease of pregnancy and it is dangerous for both mother and fetus. The three main causes of neonatal mortality associated with prenatal rupture of membranes are the following: prematurity, sepsis, and pulmonary hypoplasia. The risk for the mother is associated primarily with chorioamnionitis.

Purpose: To evaluate the perinatal outcome, etiological factors in prenatal rupture of membranes and effectiveness of modern management.

Materials: We performed a retrospective analysis of 65 medical health records from the Regional Perinatal Center in the city of Aktobe. Age ranged from 18 to 42 years.

DIOV reasons were the following: a history of chronic endometritis for 3-6 years -19 women (19%), due to the previous prenatal rupture of membranes at delivery - 6 Women, 6 (%) due to an abortion - 48 women (48%), due to genital infections - 17 women (17%), due to extragenital disease - 10 (10%).